

# SUPREME COURT

## DIVISION OF STATE COURT ADMINISTRATION

LORETTA H. RUSH, CHIEF JUSTICE

LILIA G. JUDSON, EXECUTIVE DIRECTOR

DAVID J. REMONDINI, CHIEF DEPUTY EXECUTIVE DIRECTOR



## OF INDIANA

30 SOUTH MERIDIAN STREET, SUITE 500  
INDIANAPOLIS, IN 46204-3568  
317.232.2542  
317.233.6586 FAX  
COURTS.IN.GOV

### SENT BY ELECTRONIC MAIL

August 25, 2015

Mr. Barry A. Levitt  
302 West Washington Street  
Room E E341B MS06  
Indianapolis, IN 46204

Re: Compiled Information Request for  
all Indiana Counties for Felony Drug  
Convictions

Dear Mr. Levitt

Your request, on behalf of the Indiana Family and Social Services Administration, to obtain compiled information of non-confidential court records has been approved by the Division of State Court Administration. Under Indiana Administrative Rule 9(F)(2)(b) approval of a request for compiled information can be summarily granted by the Division of State Court Administration, without execution of a User Agreement, to individuals or entities having a substantial interest or bona fide research activity for journalistic purposes provided the requested data will not be resold or used for commercial purposes and does not contain confidential data, bulk data or financial data.

You are approved to receive compiled information from all courts in the State of Indiana consisting of an extract of non-confidential information concerning persons convicted of felony drug offenses. The data will include: full name, date of birth, last residence address, Indiana Code citation for offense, date of offense, date of sentencing, case number, county name and name of judicial officer

The Division will provide a report of such records from the Odyssey Case Management System to you, without charge, subject to the condition that the data may not be resold or used for a commercial purpose.

As a part of your request, you have requested data from some Indiana Counties that do not use the Odyssey case management system. Our office only has access to court records from counties using the Odyssey system. Since we do not have access to those counties using other case management systems, Administrative Rule 9(F)(2) provides that the Executive Director may forward the request to courts exercising jurisdictions over the records.

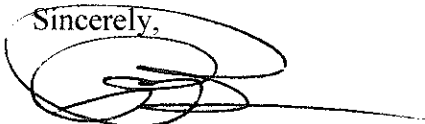
We will be forwarding a copy of your approved request to the presiding judge with a copy to the clerk of court notifying them of the Division's approval of your request. The comments to Administrative Rule 9(F)(2) authorizes courts, in their discretion, to provide access to bulk and compiled data; it does not require that such information be made available. Permitting bulk distribution or compiled information should not be authorized if providing the data will interfere with the normal operations of the court. Each court is entitled to determine whether to charge an amount up to the fair market value of the data. In order to obtain compiled information from the non-Odyssey counties, you will need to contact each court.

When data is received from courts that do not use the statewide case management system, the enclosed Distribution Receipt Form for Bulk Distribution of Data or Compiled Information is required for each county.

Please contact the Court Technology at 317.234.2720 to proceed with receipt of your Odyssey data. A copy of the Odyssey Data Order Form is enclosed.

If you have any questions, please contact me at [richard.payne@courts.IN.gov](mailto:richard.payne@courts.IN.gov) or (317) 234-5398.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard T. Payne', with a long horizontal flourish extending to the right.

Richard T. Payne  
Staff Attorney  
Trial Court Management

# ODYSSEY & TAX WARRANT BULK DATA ORDER FORM

DATE: \_\_\_\_\_

Requesting Person / Organization: \_\_\_\_\_

Contact Name & Phone Number: \_\_\_\_\_

ODYSSEY BULK DATA		Tax Warrant
CASE CATEGORY SELECTIONS		SELECTIONS
<input type="checkbox"/> All Case Types <i>[Refer to Attachment A]</i> <b>Or:</b> <input type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> Family <input type="checkbox"/> Probate <input type="checkbox"/> Traffic (Infractions)	<input type="checkbox"/> All Case Statuses <i>New Filings, History (open and closed cases)</i> <b>Or:</b> <input type="checkbox"/> New Filings <input type="checkbox"/> History (open and closed cases) <b>START DATE:</b> _____	<input type="checkbox"/> All Tax Warrant Statuses <i>New Filings, History</i> <b>Or:</b> <input type="checkbox"/> New Filings <input type="checkbox"/> History <b>START DATE:</b> _____

## CHOOSE DELIVERY

- ☐ Monthly File Drop  
☐ Messaging

## PRICING per Case Filing:

- .10 cents - New Case  
 .01 cent - History Case  
 .15 cents - Messaging

<input type="checkbox"/> <b>Odyssey - All Counties</b> <input type="checkbox"/> <b>Odyssey &amp; Tax Warrant - All Counties</b>								<input type="checkbox"/> <b>All Tax Warrant Only</b>	
<i>Or the selections below:</i>									
	ODYSSEY	TW		ODYSSEY	TW		ODYSSEY	TW	Tax Warrant Only
Allen	<input type="checkbox"/>	<input type="checkbox"/>	Hancock	<input type="checkbox"/>		Owen	<input type="checkbox"/>	<input type="checkbox"/>	Boone <input type="checkbox"/>
Benton	<input type="checkbox"/>	<input type="checkbox"/>	Harrison	<input type="checkbox"/>	<input type="checkbox"/>	Parke	<input type="checkbox"/>	<input type="checkbox"/>	Crawford <input type="checkbox"/>
Blackford	<input type="checkbox"/>	<input type="checkbox"/>	Hendricks	<input type="checkbox"/>	<input type="checkbox"/>	Porter	<input type="checkbox"/>	<input type="checkbox"/>	Fulton <input type="checkbox"/>
Boone *	<input type="checkbox"/>	<input type="checkbox"/>	Henry	<input type="checkbox"/>	<input type="checkbox"/>	Posey	<input type="checkbox"/>	<input type="checkbox"/>	Jay <input type="checkbox"/>
Carroll	<input type="checkbox"/>	<input type="checkbox"/>	Huntington	<input type="checkbox"/>	<input type="checkbox"/>	Randolph *	<input type="checkbox"/>	<input type="checkbox"/>	Lake <input type="checkbox"/>
Cass	<input type="checkbox"/>	<input type="checkbox"/>	Jackson	<input type="checkbox"/>	<input type="checkbox"/>	Rush	<input type="checkbox"/>	<input type="checkbox"/>	Lawrence <input type="checkbox"/>
Clark	<input type="checkbox"/>	<input type="checkbox"/>	Jasper	<input type="checkbox"/>	<input type="checkbox"/>	Scott	<input type="checkbox"/>	<input type="checkbox"/>	Newton <input type="checkbox"/>
Dearborn*	<input type="checkbox"/>	<input type="checkbox"/>	Jennings	<input type="checkbox"/>	<input type="checkbox"/>	Shelby	<input type="checkbox"/>	<input type="checkbox"/>	Noble <input type="checkbox"/>
DeKalb	<input type="checkbox"/>	<input type="checkbox"/>	Johnson *	<input type="checkbox"/>	<input type="checkbox"/>	St. Joseph	<input type="checkbox"/>	<input type="checkbox"/>	Pulaski <input type="checkbox"/>
Elkhart	<input type="checkbox"/>	<input type="checkbox"/>	Knox	<input type="checkbox"/>	<input type="checkbox"/>	Starke *	<input type="checkbox"/>	<input type="checkbox"/>	Tippecanoe <input type="checkbox"/>
Fayette	<input type="checkbox"/>	<input type="checkbox"/>	LaPorte	<input type="checkbox"/>	<input type="checkbox"/>	Steuben	<input type="checkbox"/>	<input type="checkbox"/>	Vermillion <input type="checkbox"/>
Floyd	<input type="checkbox"/>	<input type="checkbox"/>	Madison	<input type="checkbox"/>	<input type="checkbox"/>	Tipton	<input type="checkbox"/>	<input type="checkbox"/>	White <input type="checkbox"/>
Fountain *	<input type="checkbox"/>	<input type="checkbox"/>	Marion	<input type="checkbox"/>	<input type="checkbox"/>	Union	<input type="checkbox"/>	<input type="checkbox"/>	Whitley <input type="checkbox"/>
Franklin	<input type="checkbox"/>	<input type="checkbox"/>	Miami *	<input type="checkbox"/>	<input type="checkbox"/>	Vanderburgh	<input type="checkbox"/>	<input type="checkbox"/>	
Grant	<input type="checkbox"/>	<input type="checkbox"/>	Monroe	<input type="checkbox"/>	<input type="checkbox"/>	Vigo *	<input type="checkbox"/>	<input type="checkbox"/>	
Greene	<input type="checkbox"/>	<input type="checkbox"/>	Morgan	<input type="checkbox"/>	<input type="checkbox"/>	Warren	<input type="checkbox"/>	<input type="checkbox"/>	
Hamilton	<input type="checkbox"/>	<input type="checkbox"/>	Orange	<input type="checkbox"/>	<input type="checkbox"/>	Washington	<input type="checkbox"/>	<input type="checkbox"/>	

\* City/Town Court/s Only

## ATTACHMENT A

### Case Types Listing

- Data may be selected by Case Category only. (e.g. civil, criminal, etc.)
- Subsets of data for individual case types are not available.
- Notwithstanding the list of case types below, some cases are marked confidential or sealed and are not available through this process.

#### Civil Case Types

CBFJ	CB - Foreign Judgment	MI	MI - Miscellaneous Civil
CBTW	CB - Tax Warrants	PC	PC - Post Conviction Relief Petition
CC	CC - Civil Collection	PL	PL - Civil Plenary
CP	CP - Civil Plenary	SC	SC - Small Claims
CT	CT - Civil Tort	TW	TW - Tax Warrant
MF	MF - Mortgage Foreclosure		

#### Criminal Case Types

CF	CF – Criminal Felony	F3	F3 – Felony Level 3
CM	CM - Criminal Misdemeanor	F4	F4 – Felony Level 4
DF	DF - CL D Felony or lesser charge	F5	F5 – Felony Level 5
FA	FA - Class A Felony	F6	F6 – Felony Level 6
FB	FB - Class B Felony	MC	MC – Miscellaneous Criminal **
FC	FC - Class C Felony	MR	MR – Murder
FD	FD - Class D Felony	OE	OE – Exempted Ordinance Violation***
F1	F1 – Felony Level 1	OV	OV – Local Ordinance Violation***
F2	F2 – Felony Level 2		

\*\* MC case types are included in the criminal data only if they have a defendant-party. Similar to public access, many cases are excluded by assigning the defendant as a participant to the case.

\*\*\* At this time, OV and OE cases are included in the criminal case data only. In future extracts, OV and OE cases may become part of the Traffic Case Category.

#### Probate Case Types

CBWB	CB - Will Book
EM	EM - Estate, Miscellaneous
ES	ES - Estate, Supervised
EU	EU – Estate, Unsupervised
GU	GU – Guardianship
TR	TR – Trust

#### Family Case Types

DR	DR – Domestic Relations
RS	RS – Reciprocal Support
JP	JP – Juvenile Paternity *

\* New or duplicate cases filed on or after July 1, 2014.

#### Traffic Case Types

IF	IF - Infraction
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## Indiana Supreme Court Division of State Court Administration

### DISTRIBUTION RECEIPT FORM FOR BULK DISTRIBUTION OF DATA OR COMPILED INFORMATION

This form is to be filed with the Division of State Court Administration within thirty (30) days of receipt of bulk distribution of court records.

**Identity of Requestor:**

**Address:**

**Telephone:**

**E-Mail:**

**Bulk Data Requested** (i.e. docket information, court records, record of judgments and orders):

**Date Received** (if the distribution shall be continuous, indicate the first date the data was distributed):

**Format of distributed data** (i.e. electronic feed, paper copies, et cetera):

**Expenses related to receipt of data distribution** (indicate the amount paid for distribution of data):

\_\_\_\_\_ total    \_\_\_\_\_ monthly    \_\_\_\_\_ annual

**Comments:**

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# In the Indiana Supreme Court

In The Matter of the Request by ) Supreme Court Case Number  
FSSA ) 94S00-1508 -MS- 482  
for Release of Bulk Data or Compiled )  
Information Containing Information ) (revised)  
Excluded from Public Access. )

## VERIFIED REQUEST FOR RELEASE OF BULK DATA/COMPILED INFORMATION CONTAINING INFORMATION EXCLUDED FROM PUBLIC ACCESS

To the Executive Director of State Court Administration:

Requestor submits this request under Administrative Rule 9(F) (4) for the release of bulk data/compiled information that contains information excluded from public access under Administrative Rule 9(G) or (H).

**Note: Requestor must provide sufficient, detailed factual information about their request so the Court can make an informed decision under Administrative Rule 9.**

<b>I. Identity of Requestor:</b>	Roger A. Booth on behalf of FSSA
<b>Address:</b>	402 W. Washington St., Room E341B MS06 Indianapolis, IN 46204
<b>Contact:</b>	Barry A. Levitt
<b>Contact's Title:</b>	Database Analyst/Programmer Senior
<b>Telephone:</b>	317-234-4579
<b>Fax:</b>	317-232-2225
<b>E-Mail:</b>	Barry.Levitt@fssa.IN.gov

**II. What substantial interest do you or entity or bona fide research activity for scholarly, journalistic, political, governmental, research, evaluation or statistical purposes wherein the identification of specific individuals is ancillary to the purpose of the inquiry?**

I am the Chief Audit Executive for the State of Indiana FSSA, FSSA needs access to confidential data (specifically social security numbers in criminal cases) concerning people who have been convicted of a drug felony (Indiana Code citation 35-48-4) to compare against the FSSA database. Federal regulations prohibit drug felons from receiving SNAP (food stamps) and TANF (cash benefits). The data requested will allow FSSA to improve its compliance with federal regulations.

**III. Identification of Bulk Data/Compiled Information sought:  
(Specify and describe the records sought and the compiler or location)**

Record of felons: first, middle and last name, suffix of name, date of birth, last 4 digits of social security number, last residence, last city, last state, Indiana Code citation for drug conviction, date of offense, date of sentencing, Cause #, County name, Court name, and Judge name.

**IV. Purpose for Request and Benefit to the Public**

**A. Describe your interest in the records sought and the purpose of the inquiry.**

This information will assist in matching data maintained by FSSA with court data of individuals charged and convicted of specific drug-related crimes. These individuals are not entitled to FSSA benefits due to their convictions. This data will improve enforcement and auditing of these cases and enhance FSSA compliance with federal regulations.

**B. Explain how the information will benefit the public interest or public education.**

The sharing of data will benefit the public because it will improve FSSA compliance with federal regulation.

**V. Security Provisions: Explain provisions for the secure protection of any information requested to which public access is restricted or prohibited.**

FSSA is a covered entity under Federal HIPAA legislation and complies with all laws and regulations. FSSA also complies with the Indiana Office of Technology Information Security Framework. Data would be stored only on State of Indiana secure network.

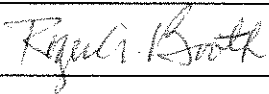
**VI. Notice to Affected Persons: Unless notice is waived by the Indiana Supreme Court, the following persons who will be affected by release of the requested information will be given notice of this Request and a reasonable opportunity to respond:**

Name	Mailing Address

**VII. The public interest will be served by allowing access, denying access will create a serious and imminent danger to the public interest, or denying access will cause a substantial harm to a person or third parties because: (Set forth factual basis)**

The public interest will be served by increased FSSA compliance with federal regulations. FSSA is entrusted with confidential data for many Hoosier citizens. This agency has the responsibility under current state and federal law and has appropriate controls, policies and procedures to protect confidential data. The requested data would be treated in a similar fashion to all confidential data held by FSSA.

**(I)(We) affirm under the penalties for perjury that the foregoing representations are true.**

<b>Signature of Requestor:</b>	
<b>Printed Name:</b>	Roger A. Booth
<b>Date:</b>	8/24/2015

<b>Action by Executive Director of State Court Administration</b>	<b>Application referred to the Indiana Supreme Court</b>
<b>Signature:</b>	
<b>Date:</b>	Lilia G. Judson, Executive Director



<b>Action by Indiana Supreme Court:</b>
<p><b>The Request is:</b></p> <p><input type="checkbox"/> accepted for further review</p> <p><input type="checkbox"/> returned to the Requestor to provide further information in support of the Request.</p>

<b>If the Request is accepted:</b>	<p><b>Notice to Affected Persons</b></p> <p><input type="checkbox"/> shall be provided</p> <p><input type="checkbox"/> is waived.</p>
<b>If Notice is required:</b>	<p>The Affected Persons shall have until _____ to file objections.</p>


<b>Date:</b>	<b>Indiana Supreme Court</b>
<b>Signature:</b>	<b>Chief Justice of Indiana</b>

**X. Attach a sample copy of all Requesting Party's company policies/user agreement provided to the Requesting Party's subscribers, customers, clients, or other party that govern the use of the data.**

**XI. Requestor is (is not) willing to pay an amount determined to be the fair market value of the information. If not, why?**

**By signing this request, I represent that I am authorized to do so on behalf of Requestor and affirm under the penalties for perjury that the requested data will not be resold or used for commercial purposes.**

<b>Signature</b>	
<b>Printed Name</b>	
<b>Title</b>	
<b>Date</b>	

<b>Action by Executive Director of State Court Administration</b>	<b>Application approved</b> <input checked="checked" type="checkbox"/>
<b>Signature</b> 	<b>Application denied</b> <input type="checkbox"/>
<b>David Remondini, Interim Executive Director</b>	<b>Date</b> 8/25/15